PTO/SB/01 (03-01)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR	Attorney Docket Number	ROSA 0104 PUS Andy Rosa, et al.		
DESIGN PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	/ Applied For		
Declaration Declaration	Filing Date H	erewith		
Submitted OR Submitted after Initial	Group Art Unit			
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I her	eby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
FLUID APPLICATION	SYSTEM AND	METHOD			
the specification of which	(Title of th	ne Invention)			
Tal					
is attached hereto					
OR					
was filed on (MM/DD/YYYY)		as United Sta	ates Application N	Number or PCT In	nternational
Application Number	and was a	mended on (MM/DD/YY	m		(if applicable).
Application Number					)``'
I hereby state that I have reviewed amended by any amendment spec	and understand the conditionally referred to above	ntents of the above identi	ified specification	, including the cla	ims, as
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or					
PCT international filing date of the	continuation-in-part app	olication.			
I hereby claim foreign priority beno or plant breeder's rights certificate	e(s), or 365(a) of any F	PCT international applica	ition which desig	nated at least on	e country other
than the United States of Americ patent, inventor's or plant breeder	a listed below and hav	ve also identified below	by checking the	box, anv toreign	n application for
application on which priority is clair	med.	Foreign Filing Date	Priority		py Attached?
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO
Additional foreign application	numbers are listed on a	supplemental priority da	ita sheet PTO/SB	/02B attached he	ereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERGE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer or Bar Co				OR V Con	respondence address below
Robert P. Renke Artz & Artz, P.C. Name					
28333 Telegraph Road Suite 250					
City Southfield	<del></del>		State	MI	ZIP 48034
U.S.A.	Teleg	248-22 ohone	3-9500	0	248-223-9522 Fax
I hereby declare that all statements made herein are believed to be true; and further that these si made are punishable by fine or imprisonment, or validity of the application or any patent issued the	tatements both, und	were made with	h the ko	owledge that willful fa	alse statements and the like so
NAME OF SOLE OR FIRST INVENTOR	t : 🗀	A petition h	as bee	en filed for this un	signed inventor
Given Name A (first and middle [if any])	in <b>d</b> y			y Name rname	Rosa
Inventor's Signature		·			Date 9-30-01
Naperville Residence: City		State		Country U.S.A.	U.S.A. Citizenship
2219 Periwinkle Lane Mailing Address					
City Naperville		State (L		60540 ZIP	Country U.S.A.
NAME OF SECOND INVENTOR:		A petition ha	s been	i filed for this unsi	gned inventor
	 Paul		Family or Sur	y Name mame	Wilson
inventor's Signature					Date
Canton Residence: City		GA State	c	U.S.A.	U.S.A. Citizenship
Mailing Address 110 Orchard Drive					
Canton		GA State	z	30115 UP	U.S.A. Country
Additional inventors are being named on the	asup	plemental Addit	onal Inv	entor(s) sheet(s) PTC	VSB/02A attached hereto.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Officer, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to. Customer No or Bar Code			OR V Cor	rrespondence addr	ess below
Robert P. Renke Artz & Artz, P.C.					
28333 Telegraph Road Suite 250					
Chy Southfield		State	МІ	ZIP 48034	
U.S.A. Country	248 Telephone	-223-950	0	248-223- Fax	-9522
I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or be validity of the application or any patent issued there	oth, under 18 U.S.C				
NAME OF SOLE OR FIRST INVENTOR :		in has be	en filed for this un	signed inventor	٢
Given Name And (first and middle [if any])	dy		ly Name irname	Rosa	
Inventor's Signature				Darte	
Naperville Residence: City	State	<b>I</b> L	U.S.A.	Citizenship	U.S.A.
2219 Periwinkle Lane Mailing Address					
City Naperville	State	IL	<b>ZIP</b> 60540	Country	U.S.A.
NAME OF SECOND INVENTOR:	A petition	has boor	n filed for this unsi	igned inventor	
	aul		ly Name Irname	Wilson	
Inventor's Signature A				Date / 0 -	12-01
Canton Residence: City	State (	3A C	U.S.A.	Citizenship	U.S.A.
Mailing Address 110 Orchard Drive					
Canton	State	GA ,	30115 ZIP	Country	U.\$.A.
Additional inventors are being named on the			ventor(s) shee!(s) PT(	O/SB/02A attached	j herelo.

Please type a plus sign (+) Inside this box  der the Paperwork Reduction Act of 1995, no persons are required to	Approved U.S. Patent and Trademark respond to a collection of informatic	PTO/SB/81 (02-01) for use through 10/31/2002, OMB 0851-0035 coffice; U.S. DEPARTMENT OF COMMERCE n unless it display a valid OMB control number.	
	Application Number	Applied For	
	Filing Date	Herewith	
POWER OF ATTORNEY OR	First Named Inventor	Andy Rosa, et al.	
	Title	FLUID APPLICATION SYSTEM AND METHO	
AUTHORIZATION OF AGENT	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	ROSA 0104 PUS	
hereby appoint:  ☐ Practitioners at Customer Number  OR  ✓ Practitioner(s) named below:		Place Customer Number Bar Code Lebel here	
Name	Re	gistration Number	
ROBERT P. RENKE	40,78		
JOHN A. ARTZ	25,82	4	
QUINTA PRINTE			

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Ber Code Practitioners at Customer Number Label here OR Firm or Individual Name Address Address State Zip City Country Telephone Fax. I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Andy Rosa Name Signature 30/200 NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. \_\_\_\_forms\_are\_submitted. Total of

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (4) inside this box		N	
---	--	---	--

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

	Applied For
Application Number	Applied For
Filing Date	Herewith
First Named Inventor	Andy Rosa, et al.
Title	FLUID APPLICATION SYSTEM AND METHOD
Group Art Unit	
Examiner Name	
Attorney Docket Number	ROSA 0104 PUS

l hereby appo	oint:				1	04		7
· ·	ners at C	ustomer Number			<b>&gt;</b>		Bar Code	
OR						Label he	ere	
Practition	ner(s) nan	ned below:		<del>,</del>				
		Name				lion Numb	er	
	OBERT P.				0,783			
J	OHN A. AF	RTZ		2	25,824			
ļ			<del></del>				[	<u>.</u>
<u> </u>							لـــــــــــــــــــــــــــــــــــــ	
		agent(s) to prosecu					isact all	
		tates Patent and Tr						
		spondence address		ntified a	application	to:		
L_ Ine above OR	-mentione	ed Customer Numb	er.		<del>,</del> -	Place Custon		
	re at Cuet	tomer Number			,	lumber Bar (		
OR	is at Oust	tottici (varioei				abel herc		
Firm or Individual Na	ате							
Address	911.0	·····				·		
Address								
City				State		Zip	T	
Country								
Telephone				Fax				
I am the.								
	nt/inventor	r.						
Assigne	a of racor	d of the entire intere	est Sec 37 CFR 3	171				
		37 CFR 3.73(b) is e			96).			
			Applicant or Assign					
	Paul W							
Name	10		<del></del>					
Signature	10	e a						
Dale	<u> </u>	0-12-01						3
NOTE: Signatures of all forms if more than one	Il the invento signature is	ors or assignoes of reco required, see below*.	rd of the entire interes	t or their	representativ	re(s) are requ	uired. Submit	multiple
Total of2	form	ns are submitted.						
Burden Hour Strangert: This	from in police	taled in take 2 minutes to s	complete. Time will your	tenendina	upon the noor	te of the indivi-	dual case Anvi	commants ac

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.